

## West Virginia PEIA



Public Employees  
Insurance Agency

### We're here for you

Humana Group Medicare Customer Care

**800-783-4599 (TTY: 711)**

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **800-783-4599 (TTY: 711)** for more information.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.



## Join us and learn what your Humana Group Medicare health plan benefits can do for you

Sponsored by Humana and West Virginia PEIA

Humana will be hosting a series of informational meetings for WV PEIA retirees to learn more about the WV PEIA Humana Group Medicare Advantage PPO Plan. To make the most of your benefits, please join us at any of the informational meetings included in this invitation.

A Humana representative will be available to answer questions about the benefits and services available to Humana Group Medicare members and explain the enrollment process.

If you plan to attend one of the meetings listed within this invitation, please call Humana's Group Medicare Customer Care team at **800-308-9964 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., Eastern time, to reserve your spot. While you are not required to RSVP, we highly encourage you to do so.

For questions about the events or for special needs accommodations, please call **800-308-9964 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., Eastern time.

Humana is a Medicare Advantage PPO organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.



### For your convenience

If you are unable to attend an in-person meeting, you have the option to attend a teleconference.

A teleconference will be available that will allow you to hear and view the presentation online. The date and time for the teleconference is also included within this invitation.

For your convenience, we have multiple dates available.  
Please choose a meeting from the list below.

**Wed., Oct. 5, 2022 | 10 a.m. – 12 p.m.**

**Grand Pointe Conference & Reception Center**  
1500 Grand Central Ave., Suite 118, Vienna, WV

**Tues., Oct. 11, 2022 | 9 – 11 a.m.**

**Quality Hotel**  
3350 Big Laurel Highway, Bluefield, WV 24701

**Tues., Oct. 11, 2022 | 1:30 – 3:30 p.m.**

**Tamarack Marketplace**  
1 Tamarack Park, Beckley, WV 25801

**Wed., Oct. 12, 2022 | 10 a.m. – 12 p.m.**

**Fairfield Inn & Suites**  
273 Coleman Drive, Lewisburg, WV 24901

**Thurs., Oct. 13, 2022 | 9 – 11 a.m.**

**Delta Hotel**  
3551 Route 60 E, Barboursville, WV 25504

**Thurs., Oct. 13, 2022 | 1:30 – 3:30 p.m.**

**Chief Logan Lodge**  
1000 Conference Center Dr., Logan, WV

**Tues., Oct. 18, 2022 | 9 – 11 a.m.**

**Holiday Inn Express**  
301 Foxcroft Ave., Martinsburg, WV 25401

**Tues., Oct. 18, 2022 | 1:30 – 3:30 p.m.**

**South Branch Inn**  
64 Heritage Circle, Romney, WV 26757

**Wed., Oct. 19, 2022 | 9 – 11 a.m.**

**WVU Erickson Alumni Center**  
1 Alumni Drive, Morgantown, WV 26506

**Wed., Oct. 19, 2022 | 1:30 – 3:30 p.m.**

**Bridgeport Conference Center**  
300 Conference Center Way,  
Clarksburg, WV 26330

**Tues., Oct. 25, 2022 | 9 – 11 a.m.**

**Holiday Inn**  
350 Three Springs Drive, Weirton, WV 26062

**Tues., Oct. 25, 2022 | 1:30 – 3:30 p.m.**

**Oglebay Resort & Conference Center**  
465 Lodge Dr, Wheeling, WV 26003

**Wed., Oct. 26, 2022 | 9 – 11 a.m.**

**Hampton Inn**  
76 Hospitality Way, Weston, WV 26452

**Wed., Oct. 26, 2022 | 1:30 – 3:30 p.m.**

**Days Inn**  
350 Days Drive, Sutton, WV 26601

**Thurs., Oct. 27, 2022 | 9 – 11 a.m.**

**Holiday Inn**  
400 2nd Ave., Charleston, WV 25303

**Thurs., Oct. 27, 2022 | 1:30 – 3:30 p.m.**

**Holiday Inn**  
400 2nd Ave., Charleston, WV 25303



### **Teleconference**

**Mon., Oct. 31, 2022 | 1:30 – 3:30 p.m.**

Virtual Dial In: **312-626-6799** or **888-788-0099** (toll-free)

Link: <https://huma.na/peia>

Webinar ID: **926 2852 4185**

Passcode: If prompted, use **112233**



## Humana Group Medicare Advantage PPO Plan

### Welcome to a more human way to healthcare

We're glad to have you as a member

Dear Humana Member,

We're here to support you on your healthcare journey and we're sending you information about what's included in your plan beginning in 2023.

#### **Renewing is easy**

We'll take care of it for you. You do not need to take any action to keep the same Humana plan for 2023.

There are two plans being offered through Humana that you may choose from for 2023. The plans are the Humana/PEIA Plan 1 and Humana/PEIA Plan 2 options. Please review the Summary of Benefits for each plan carefully and decide which plan best suits your coverage needs.

#### **Know your benefits**

- Look inside this packet for the Humana/PEIA Plan 1 and Humana/PEIA Plan 2 Summary of Benefits and details on how to use this plan.
- You can also access your plan and coverage information on MyHumana—your personal secure online member account. Visit **MyHumana.com** to register
- Use Humana's Find a doctor tool at **Humana.com/FindaDoctor** for a list of providers.

#### **Maintain your health with extra benefits and resources**

- SilverSneakers® Fitness – SilverSneakers is a health and fitness program designed for senior adults that offers fun and engaging classes and activities.
- Telehealth – The doctor is in, even if you can't or don't want to go into an office for nonemergency medical conditions.
- Member Information Page – **<https://our.humana.com/wvpeia/>**
  - Here you will find an electronic version of the PowerPoint for upcoming seminars.
  - You will also be able to view 2023 Prescription Drug Guide, Evidence of Coverage, and additional Open Enrollment information once available.

Thank you for being a Humana member. We look forward to serving you again in 2023.

Sincerely,

Group Medicare Operations



## Important

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### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618. If you need help filing a grievance, call the number on your ID card or if you use a TTY, call 711.

### Auxiliary aids and services, free of charge, are available to you.

### Please call the number on your ID card. If you use a TTY, call 711.

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

**This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.**

**Español (Spanish):** Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.

**繁體中文 (Chinese):** 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235 (聽障專線：711)**。辦公時間：東部時間上午 8 時至晚上 8 時。

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2023

# Summary of Benefits

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**Humana Group Medicare Advantage PPO Plan  
PPO 079/110 and 079/111**

**West Virginia PEIA  
Humana/PEIA Plan 1**

**Humana®**

Our service area includes specific counties within the United States, Puerto Rico and all other major US Territories.



# Let's talk about the **Humana Group Medicare Advantage PPO Plan.**

Find out more about the Humana Group Medicare Advantage PPO plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage".

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## **To be eligible**

To join the Humana Group Medicare Advantage PPO plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Humana Group Medicare Advantage PPO plan has a network of doctors, hospitals, and other providers. For more information, please call Group Medicare Customer Care.

## **Plan name:**

Humana Group Medicare Advantage PPO plan

## **How to reach us:**

Members should call toll-free  
**1-800-783-4599** for questions  
**(TTY/TDD 711)**

Call Monday – Friday, 8 a.m. – 9 p.m.  
Eastern Time.

Or visit our website: **Humana.com**



## **A healthy partnership**

Get more from your plan — with extra services and resources provided by Humana!

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## Monthly Premium, Deductible and Limits

	IN-NETWORK	OUT-OF-NETWORK
<b>PLAN COSTS</b>		
<b>Monthly premium</b> You must keep paying your Medicare Part B premium.	For information concerning the actual premiums you will pay, please contact your employer/union group.	
<b>Medical deductible</b>	<b>\$150</b> per year for some combined in- and out-of-network services	<b>\$150</b> per year for some combined in- and out-of-network services
<b>Maximum out-of-pocket responsibility</b> The most you pay for copays, coinsurance and other costs for medical services for the year.	<b>In-Network Maximum Out-of-Pocket</b> <b>\$1,350</b> out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy; Fitness Program; Health Education Services; Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional) and the Plan Premium.  If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.	<b>Combined In and Out-of-Network Maximum Out-of-Pocket</b> <b>\$1,350</b> out-of-pocket limit for Medicare-covered services. In-Network Exclusions: Part D Pharmacy; Fitness Program; Health Education Services; Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional) and the Plan Premium do not apply to the combined maximum out-of-pocket.  Out-of-Network Exclusions: Part D Pharmacy; Worldwide Coverage and the Plan Premium do not apply to the combined maximum out-of-pocket.  Your limit for services received from in-network providers will count toward this limit.  If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.

**Note:** A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



## Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>ACUTE INPATIENT HOSPITAL CARE</b>		
Our plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	<b>\$100</b> per admit	<b>\$100</b> per admit
<b>OUTPATIENT HOSPITAL COVERAGE</b>		
<b>Outpatient hospital visits</b>	<b>\$0 to \$100</b> copay	<b>\$0 to \$100</b> copay
<b>Ambulatory surgical center</b>	<b>\$100</b> copay	<b>\$100</b> copay
<b>DOCTOR OFFICE VISITS</b>		
<b>Primary care provider (PCP)</b>	<b>\$20</b> copay	<b>\$20</b> copay
<b>Specialists</b>	<b>\$40</b> copay	<b>\$40</b> copay
<b>PREVENTIVE CARE</b>		
Including: Annual Wellness Visit, flu vaccine, colorectal cancer and breast cancer screenings. Any additional preventive services approved by Medicare during the contract year will be covered.	<b>Covered at no cost</b>	<b>Covered at no cost</b>
<b>EMERGENCY CARE</b>		
<b>Emergency room</b> If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	<b>\$50</b> copay for Medicare-covered emergency room visit(s)	<b>\$50</b> copay for Medicare-covered emergency room visit(s)
<b>Urgently needed services</b> Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.	<b>\$0 to \$40</b> copay	<b>\$0 to \$40</b> copay

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## Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>DIAGNOSTIC SERVICES, LABS AND IMAGING</b>		
<b>Diagnostic radiology</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Lab services</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Diagnostic tests and procedures</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Outpatient X-rays</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Radiation therapy</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>HEARING SERVICES</b>		
<b>Medicare-covered hearing</b>	<b>\$40</b> copay	<b>\$40</b> copay
<b>DENTAL SERVICES</b>		
<b>Medicare-covered dental</b>	<b>\$40</b> copay (services include surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments or neoplastic disease)	<b>\$40</b> copay (services include surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments or neoplastic disease)
<b>VISION SERVICES</b>		
<b>Medicare-covered vision services</b>	<b>\$40</b> copay (services include diagnosis and treatment of diseases and injuries of the eye)	<b>\$40</b> copay (services include diagnosis and treatment of diseases and injuries of the eye)
<b>Medicare-covered diabetic eye exam</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Medicare-covered glaucoma screening</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Medicare-covered eyewear (post-cataract)</b>	<b>\$0</b> copay	<b>\$0</b> copay

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## Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>MENTAL HEALTH SERVICES</b>		
<b>Inpatient</b> The inpatient hospital care limit applies to inpatient mental services provided in a general hospital. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. 190 day lifetime limit in a psychiatric facility	<b>\$100</b> per admit	<b>\$100</b> per admit
<b>Outpatient group and individual therapy visits</b>	<b>Outpatient therapy visit:</b> <b>\$0</b> copay <b>Partial Hospitalization:</b> <b>\$0</b> copay	<b>Outpatient therapy visit:</b> <b>\$0</b> copay <b>Partial Hospitalization:</b> <b>\$0</b> copay
<b>SKILLED NURSING FACILITY</b>		
Our plan covers up to 100 days in a SNF.  No 3-day hospital stay is required. Plan pays \$0 after 100 days	<b>\$0</b> copay per day for days 1-100	<b>\$0</b> copay per day for days 1-100
<b>PHYSICAL THERAPY</b>		
	<b>\$0</b> copay	<b>\$0</b> copay
<b>AMBULANCE</b>		
Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.	<b>\$0</b> copay	<b>\$0</b> copay
<b>PART B PRESCRIPTION DRUGS</b>		
	<b>\$0</b> copay	<b>\$0</b> copay

**Note:** A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



## Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
ACUPUNCTURE SERVICES		
Medicare-covered acupuncture visit(s) for chronic low back pain	\$20 copay	\$20 copay
20 combined In & Out-of-Network visit limit per plan year		
Your plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements.		
ALLERGY		
Allergy shots & serum	\$0 copay	\$0 copay
CHIROPRACTIC SERVICES		
Medicare-covered chiropractic visit(s)	\$0 copay	\$0 copay
Routine chiropractic visit(s)	\$20 copay	\$20 copay
20 combined In & Out-of-Network visit limit per plan year		
COVID-19		
Testing and Treatment	Plan specific cost share is applicable to hospitalization, medical services, and FDA approved Rx with confirmed COVID-19 diagnosis.	
DIABETES MANAGEMENT TRAINING		
	\$0 copay	\$0 copay
FOOT CARE (PODIATRY)		
Medicare-covered foot care	\$0 copay	\$0 copay
HOME HEALTH CARE		
	\$0 copay	\$0 copay
MEDICAL EQUIPMENT/SUPPLIES		
Durable medical equipment (like wheelchairs or oxygen)	0% of the cost	0% of the cost
Medical supplies	0% of the cost	0% of the cost

**Note:** A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



## Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>Prosthetics (artificial limbs or braces)</b>	<b>0%</b> of the cost	<b>0%</b> of the cost
<b>Diabetes monitoring supplies</b>	<b>0%</b> of the cost	<b>0%</b> of the cost
<b>OUTPATIENT SUBSTANCE ABUSE</b>		
<b>Outpatient group and individual substance abuse treatment visits</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>REHABILITATION SERVICES</b>		
<b>Occupational and speech therapy</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Cardiac rehabilitation</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Pulmonary rehabilitation</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Massage therapy</b> 20 combined In & Out-of-Network visit limit per plan year	<b>\$0</b> copay	<b>\$0</b> copay
<b>RENAL DIALYSIS</b>		
<b>Renal dialysis</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Kidney disease education services</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>TELEHEALTH SERVICES (in addition to Original Medicare)</b>		
<b>Primary care provider (PCP)</b>	<b>\$0</b> copay	Not Covered
<b>Specialist</b>	<b>\$40</b> copay	Not Covered
<b>Urgent care services</b>	<b>\$0</b> copay	Not Covered
<b>Substance abuse or behavioral health services</b>	<b>\$0</b> copay	Not Covered

**Note:** A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



## PEIA Retiree Benefit Assistance Program

The PEIA retiree benefit assistance program offers qualified retirees reduced copayments on certain services. If PEIA determines you qualify for this assistance, the copayments for the services listed below will apply. For services not listed here, the copayments on the previous pages will apply. For more information regarding qualifications, please contact PEIA.



## Monthly Premium, Deductible and Limits

	IN-NETWORK	OUT-OF-NETWORK
<b>PLAN COSTS</b>		
<b>Medical deductible</b>	<b>\$50</b> per year for some combined in- and out-of-network services	<b>\$50</b> per year for some combined in- and out-of-network services
<b>Maximum out-of-pocket responsibility</b> The most you pay for copays, coinsurance and other costs for medical services for the year. The Medical Deductible amount applies to the Maximum Out-of-Pocket.	<b>In-Network Maximum Out-of-Pocket</b> <b>\$650</b> out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy; Fitness Program; Health Education Services; Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional) and the Plan Premium.  If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.	<b>Combined In and Out-of-Network Maximum Out-of-Pocket</b> <b>\$650</b> out-of-pocket limit for Medicare-covered services. In-Network Exclusions: Part D Pharmacy; Fitness Program; Health Education Services; Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional) and the Plan Premium do not apply to the combined maximum out-of-pocket.  Out-of-Network Exclusions: Part D Pharmacy; Worldwide Coverage and the Plan Premium do not apply to the combined maximum out-of-pocket.  Your limit for services received from in-network providers will count toward this limit.  If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.

**Note:** A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



## Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>ACUTE INPATIENT HOSPITAL COVERAGE</b>		
Our plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	<b>\$100</b> per admit	<b>\$100</b> per admit
<b>OUTPATIENT HOSPITAL COVERAGE</b>		
Outpatient hospital visits	<b>\$0</b> to <b>\$50</b> copay	<b>\$0</b> to <b>\$50</b> copay
Ambulatory surgical center	<b>\$50</b> copay	<b>\$50</b> copay
<b>DOCTOR OFFICE VISITS</b>		
<b>Primary care provider (PCP)</b>	<b>\$2</b> copay	<b>\$2</b> copay
<b>Specialists</b>	<b>\$5</b> copay	<b>\$5</b> copay

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## Covered Medical and Hospital Benefits

### IN-NETWORK

### OUT-OF-NETWORK

#### FITNESS AND WELLNESS

SilverSneakers® is a total health and physical activity program that provides access to exercise equipment, group fitness classes, and social events.

#### HEALTH EDUCATION SERVICES

Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.

#### MEAL BENEFIT

After a member's overnight inpatient stay in a hospital or skilled nursing facility, members are eligible for nutritious meals delivered to their door at no cost.

#### POST-DISCHARGE PERSONAL HOME CARE

After a member's overnight inpatient stay in a hospital or skilled nursing facility, members may receive assistance performing activities of daily living within the home. Types of assistance include bathing, dressing, toileting, walking, eating and preparing meals.

#### POST-DISCHARGE TRANSPORTATION SERVICES

After a member's overnight inpatient stay in a hospital or skilled nursing facility, members are provided transportation to plan approved locations by car, van or wheelchair accessible vehicle at no cost.

#### SMOKING CESSATION (ADDITIONAL)

A comprehensive smoking cessation program available online, email and phone. Personal coaches assist via establishing goals and providing articles and resources to aid in the effort to quit smoking.

#### HOSPICE

You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.

**Note:** A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.

## Important

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At Humana, it is important you are treated fairly.

Humana and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable federal civil rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.  
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

**Auxiliary aids and services, free of charge, are available to you.**  
**1-877-320-1235 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

**Language assistance services, free of charge, are available to you.**  
**1-877-320-1235 (TTY: 711)**



## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY: 711) 1-877-320-1235. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

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**Portugues:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-320-1235 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



## Find out **more**

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You can see your plan's provider directory at **Humana.com** or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

If you want to compare our plan with other Medicare health plans, you can call your employer or union sponsoring this plan to find out if you have other options through them.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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Humana.com

SB079110EN23  
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2023

# Prescription Drug Summary of Benefits

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**Humana Group Medicare Advantage Plan  
Rx 125 and 126**

**West Virginia PEIA  
Humana/PEIA Plan 1**

**Humana®**



# Let's talk about the **Humana Group Medicare Advantage Rx Plan.**

Find out more about the Humana Group Medicare Advantage Rx plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage".

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## Deductible

### Pharmacy (Part D) deductible

This plan has a **\$75** deductible.



## Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total yearly drug costs reach **\$4,660**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. After your Maximum out-of-pocket drug costs reach **\$1,825**, Humana pays **100%** of your total drug costs.

Tier	Standard Retail Pharmacy	Standard Mail Order
<b>30-day supply</b>		
<b>1 (Generic or Preferred Generic)</b>	<b>\$5</b> copay	<b>\$5</b> copay
<b>2 (Preferred Brand)</b>	<b>\$15</b> copay	<b>\$15</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>50%</b> of the cost	<b>50%</b> of the cost
<b>4 (Specialty Tier)</b>	<b>\$100</b> copay	<b>\$100</b> copay
<b>90-day supply (Maintenance Drugs)</b>		
<b>1 (Generic or Preferred Generic)</b>	<b>\$10</b> copay	<b>\$10</b> copay
<b>2 (Preferred Brand)</b>	<b>\$30</b> copay	<b>\$30</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>50%</b> of the cost	<b>50%</b> of the cost
<b>4 (Specialty Tier)</b>	N/A	N/A

\*\*Some Immunosuppressive Drugs are covered at **100%** for all members.

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary. To view the most complete and current Drug Guide information online, visit [www.humana.com/SearchResources](http://www.humana.com/SearchResources), locate Prescription Drug section, select [www.humana.com/MedicareDrugList](http://www.humana.com/MedicareDrugList) link; under Printable drug lists, click Printable Drug lists, select future plan year, select Group Medicare under Plan Type and search for GRP11.

### ADDITIONAL DRUG COVERAGE

#### Original Medicare excluded drugs

Certain drugs excluded by Original Medicare are covered under this plan. You pay the cost share associated with the tier level for certain WV Buy-up, Cough/Cold, Vitamins/Minerals, Erectile Dysfunction drugs. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage stage. Contact Humana Group Medicare Customer Care at the phone number on the back of your membership card for more details.

### Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$4,660**. After you enter the coverage gap, you pay a portion of the plan's cost for covered brand name drugs and covered generic drugs until your costs total **\$7,400**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

## Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$7,400**, you pay the greater of either:

- **\$4.15** for generic (including brand drugs treated as generic) and a **\$10.35** copay for all other drugs,  
OR
- **5%** coinsurance
  - **One-month Retail: \$100** maximum out-of-pocket per prescription for a one-month supply regardless of tier.
  - **Three-month Mail order: \$100** maximum out-of-pocket per prescription excluded specialty tier.



## PEIA Retiree Benefit Assistance Program

The PEIA retiree benefit assistance program offers qualified retirees reduced copayment on certain services. If PEIA determines you qualify for this assistance, the copayments for the services listed below will apply. For services not listed here, the copayments on the previous pages will apply. For more information regarding qualifications, please contact PEIA.



### Deductible

#### Pharmacy (Part D) deductible

This plan has a **\$75** deductible.



### Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total yearly drug costs reach **\$4,660**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. After your Maximum out-of-pocket drug costs reach **\$325**, Humana pays **100%** of your total drug costs.

Tier	Standard Retail Pharmacy	Standard Mail Order
<b>30-day supply</b>		
<b>1 (Generic or Preferred Generic)</b>	<b>\$5</b> copay	<b>\$5</b> copay
<b>2 (Preferred Brand)</b>	<b>\$15</b> copay	<b>\$15</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>50%</b> of the cost	<b>50%</b> of the cost
<b>4 (Specialty Tier)</b>	<b>\$100</b> copay	<b>\$100</b> copay
<b>90-day supply (Maintenance Drugs)</b>		
<b>1 (Generic or Preferred Generic)</b>	<b>\$10</b> copay	<b>\$10</b> copay
<b>2 (Preferred Brand)</b>	<b>\$30</b> copay	<b>\$30</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>50%</b> of the cost	<b>50%</b> of the cost
<b>4 (Specialty Tier)</b>	N/A	N/A

\*\*Some Immunosuppressive Drugs are covered at **100%** for all members.

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary. To view the most complete and current Drug Guide information online, visit [www.humana.com/SearchResources](http://www.humana.com/SearchResources), locate Prescription Drug section, select [www.humana.com/MedicareDrugList](http://www.humana.com/MedicareDrugList) link; under Printable drug lists, click Printable Drug lists, select future plan year, select Group Medicare under Plan Type and search for GRP11.

### ADDITIONAL DRUG COVERAGE

#### Original Medicare excluded drugs

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## Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$7,400**, you pay the greater of either:

- **\$4.15** for generic (including brand drugs treated as generic) and a **\$10.35** copay for all other drugs,  
OR
- **5%** coinsurance
  - **One-month Retail: \$100** maximum out-of-pocket per prescription for a one-month supply regardless of tier.
  - **Three-month Mail order: \$100** maximum out-of-pocket per prescription excludes specialty tier.

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## Important

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At Humana, it is important you are treated fairly.

Humana and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable federal civil rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.  
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

**Auxiliary aids and services, free of charge, are available to you.**  
**1-877-320-1235 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

**Language assistance services, free of charge, are available to you.**  
**1-877-320-1235 (TTY: 711)**

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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## Find out **more**

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You can see your plan's pharmacy directory at **<https://www.humana.com/finder/pharmacy/>** or call us at the number listed at the beginning of this booklet and we will send you one.



You can see your plan's drug formulary at **[www.humana.com/medicaredruglist](https://www.humana.com/medicaredruglist)** or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a Medicare Advantage HMO, PPO organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

**Humana**<sup>®</sup>

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RX125EN23  
RX126EN23



2023

# Summary of Benefits

## Silver Plan

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**Humana Group Medicare Advantage PPO Plan  
PPO 079/283**

**West Virginia PEIA  
Humana/PEIA Plan 2**

**Humana®**



Our service area includes specific counties within the United States, Puerto Rico and all other major US Territories.



# Let's talk about the **Humana Group Medicare Advantage PPO Plan.**

Find out more about the Humana Group Medicare Advantage PPO plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage".

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## **To be eligible**

To join the Humana Group Medicare Advantage PPO plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Humana Group Medicare Advantage PPO plan has a network of doctors, hospitals, and other providers. For more information, please call Group Medicare Customer Care.

## **Plan name:**

Humana Group Medicare Advantage PPO plan

## **How to reach us:**

Members should call toll-free  
**1-800-783-4599** for questions  
**(TTY/TDD 711)**

Call Monday – Friday, 8 a.m. – 9 p.m.  
Eastern Time.

Or visit our website: **Humana.com**



## **A healthy partnership**

Get more from your plan — with extra services and resources provided by Humana!

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## Monthly Premium, Deductible and Limits

	IN-NETWORK	OUT-OF-NETWORK
<b>PLAN COSTS</b>		
<b>Monthly premium</b> You must keep paying your Medicare Part B premium.	For information concerning the actual premiums you will pay, please contact your employer/union group.	
<b>Medical deductible</b>	<b>\$375</b> per year for some combined in- and out-of-network services	<b>\$375</b> per year for some combined in- and out-of-network services
<b>Maximum out-of-pocket responsibility</b> The most you pay for copays, coinsurance and other costs for medical services for the year.	<b>In-Network Maximum Out-of-Pocket</b> <b>\$2,325</b> out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy; Fitness Program; Health Education Services; Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional) and the Plan Premium.  If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.	<b>Combined In and Out-of-Network Maximum Out-of-Pocket</b> <b>\$2,325</b> out-of-pocket limit for Medicare-covered services. In-Network Exclusions: Part D Pharmacy; Fitness Program; Health Education Services; Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional) and the Plan Premium do not apply to the combined maximum out-of-pocket.  Out-of-Network Exclusions: Part D Pharmacy; Worldwide Coverage and the Plan Premium do not apply to the combined maximum out-of-pocket.  Your limit for services received from in-network providers will count toward this limit.  If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.

**Note:** A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



## Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>ACUTE INPATIENT HOSPITAL CARE</b>		
Our plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	<b>\$150</b> per admit	<b>\$150</b> per admit
<b>OUTPATIENT HOSPITAL COVERAGE</b>		
<b>Outpatient hospital visits</b>	<b>\$0 to \$115</b> copay	<b>\$0 to \$115</b> copay
<b>Ambulatory surgical center</b>	<b>\$115</b> copay	<b>\$115</b> copay
<b>DOCTOR OFFICE VISITS</b>		
<b>Primary care provider (PCP)</b>	<b>\$20</b> copay	<b>\$20</b> copay
<b>Specialists</b>	<b>\$50</b> copay	<b>\$50</b> copay
<b>PREVENTIVE CARE</b>		
Including: Annual Wellness Visit, flu vaccine, colorectal cancer and breast cancer screenings. Any additional preventive services approved by Medicare during the contract year will be covered.	<b>Covered at no cost</b>	<b>Covered at no cost</b>
<b>EMERGENCY CARE</b>		
<b>Emergency room</b> If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	<b>\$65</b> copay for Medicare-covered emergency room visit(s)	<b>\$65</b> copay for Medicare-covered emergency room visit(s)
<b>Urgently needed services</b> Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.	<b>\$0 to \$50</b> copay	<b>\$0 to \$50</b> copay

**Note:** A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



## Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>DIAGNOSTIC SERVICES, LABS AND IMAGING</b>		
<b>Diagnostic radiology</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Lab services</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Diagnostic tests and procedures</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Outpatient X-rays</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Radiation therapy</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>HEARING SERVICES</b>		
<b>Medicare-covered hearing</b>	<b>\$50</b> copay	<b>\$50</b> copay
<b>DENTAL SERVICES</b>		
<b>Medicare-covered dental</b>	<b>\$50</b> copay (services include surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments or neoplastic disease)	<b>\$50</b> copay (services include surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments or neoplastic disease)
<b>VISION SERVICES</b>		
<b>Medicare-covered vision services</b>	<b>\$50</b> copay (services include diagnosis and treatment of diseases and injuries of the eye)	<b>\$50</b> copay (services include diagnosis and treatment of diseases and injuries of the eye)
<b>Medicare-covered diabetic eye exam</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Medicare-covered glaucoma screening</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Medicare-covered eyewear (post-cataract)</b>	<b>\$0</b> copay	<b>\$0</b> copay

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## Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>MENTAL HEALTH SERVICES</b>		
<b>Inpatient</b> The inpatient hospital care limit applies to inpatient mental services provided in a general hospital. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. 190 day lifetime limit in a psychiatric facility	<b>\$150</b> per admit	<b>\$150</b> per admit
<b>Outpatient group and individual therapy visits</b>	<b>Outpatient therapy visit:</b> <b>\$0</b> copay <b>Partial Hospitalization:</b> <b>\$0</b> copay	<b>Outpatient therapy visit:</b> <b>\$0</b> copay <b>Partial Hospitalization:</b> <b>\$0</b> copay
<b>SKILLED NURSING FACILITY</b>		
Our plan covers up to 100 days in a SNF.  No 3-day hospital stay is required. Plan pays \$0 after 100 days	<b>\$0</b> copay per day for days 1-100	<b>\$0</b> copay per day for days 1-100
<b>PHYSICAL THERAPY</b>		
	<b>\$0</b> copay	<b>\$0</b> copay
<b>AMBULANCE</b>		
Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.	<b>\$0</b> copay	<b>\$0</b> copay
<b>PART B PRESCRIPTION DRUGS</b>		
	<b>\$0</b> copay	<b>\$0</b> copay

**Note:** A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



## Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
ACUPUNCTURE SERVICES		
Medicare-covered acupuncture visit(s) for chronic low back pain	\$20 copay	\$20 copay
20 combined In & Out-of-Network visit limit per plan year		
Your plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements.		
ALLERGY		
Allergy shots & serum	\$0 copay	\$0 copay
CHIROPRACTIC SERVICES		
Medicare-covered chiropractic visit(s)	\$0 copay	\$0 copay
Routine chiropractic visit(s)	\$20 copay	\$20 copay
20 combined In & Out-of-Network visit limit per plan year		
COVID-19		
Testing and Treatment	Plan specific cost share is applicable to hospitalization, medical services, and FDA approved Rx with confirmed COVID-19 diagnosis.	
DIABETES MANAGEMENT TRAINING		
	\$0 copay	\$0 copay
FOOT CARE (PODIATRY)		
Medicare-covered foot care	\$0 copay	\$0 copay
HOME HEALTH CARE		
	\$0 copay	\$0 copay
MEDICAL EQUIPMENT/SUPPLIES		
Durable medical equipment (like wheelchairs or oxygen)	0% of the cost	0% of the cost
Medical supplies	0% of the cost	0% of the cost

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## Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>Prosthetics (artificial limbs or braces)</b>	<b>0%</b> of the cost	<b>0%</b> of the cost
<b>Diabetes monitoring supplies</b>	<b>0%</b> of the cost	<b>0%</b> of the cost
<b>OUTPATIENT SUBSTANCE ABUSE</b>		
<b>Outpatient group and individual substance abuse treatment visits</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>REHABILITATION SERVICES</b>		
<b>Occupational and speech therapy</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Cardiac rehabilitation</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Pulmonary rehabilitation</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Massage therapy</b> 20 combined In & Out-of-Network visit limit per plan year	<b>\$0</b> copay	<b>\$0</b> copay
<b>RENAL DIALYSIS</b>		
<b>Renal dialysis</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Kidney disease education services</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>TELEHEALTH SERVICES (in addition to Original Medicare)</b>		
<b>Primary care provider (PCP)</b>	<b>\$0</b> copay	Not Covered
<b>Specialist</b>	<b>\$50</b> copay	Not Covered
<b>Urgent care services</b>	<b>\$0</b> copay	Not Covered
<b>Substance abuse or behavioral health services</b>	<b>\$0</b> copay	Not Covered

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## Covered Medical and Hospital Benefits

### IN-NETWORK

### OUT-OF-NETWORK

#### FITNESS AND WELLNESS

SilverSneakers® is a total health and physical activity program that provides access to exercise equipment, group fitness classes, and social events.

#### HEALTH EDUCATION SERVICES

Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.

#### MEAL BENEFIT

After a member's overnight inpatient stay in a hospital or skilled nursing facility, members are eligible for nutritious meals delivered to their door at no cost.

#### POST-DISCHARGE PERSONAL HOME CARE

After a member's overnight inpatient stay in a hospital or skilled nursing facility, members may receive assistance performing activities of daily living within the home. Types of assistance include bathing, dressing, toileting, walking, eating and preparing meals.

#### POST-DISCHARGE TRANSPORTATION SERVICES

After a member's overnight inpatient stay in a hospital or skilled nursing facility, members are provided transportation to plan approved locations by car, van or wheelchair accessible vehicle at no cost.

#### SMOKING CESSATION (ADDITIONAL)

A comprehensive smoking cessation program available online, email and phone. Personal coaches assist via establishing goals and providing articles and resources to aid in the effort to quit smoking.

#### HOSPICE

You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.

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## Important

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Humana and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable federal civil rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.  
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

**Auxiliary aids and services, free of charge, are available to you.**  
**1-877-320-1235 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

**Language assistance services, free of charge, are available to you.**  
**1-877-320-1235 (TTY: 711)**

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY: 711) 1-877-320-1235. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugues:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-320-1235 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。





## Find out **more**

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You can see your plan's provider directory at **Humana.com** or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

If you want to compare our plan with other Medicare health plans, you can call your employer or union sponsoring this plan to find out if you have other options through them.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Humana**<sup>®</sup>

Humana.com

SB079283EN23

2023

# Prescription Drug Summary of Benefits

Silver Plan

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Humana Group Medicare Advantage Plan  
Rx 139

West Virginia PEIA  
Humana/PEIA Plan 2

**Humana®**



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# Let's talk about the **Humana Group Medicare Advantage Rx Plan.**

Find out more about the Humana Group Medicare Advantage Rx plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage".

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## Deductible

### Pharmacy (Part D) deductible

This plan has a **\$150** deductible.



## Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total yearly drug costs reach **\$4,660**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. After your Maximum out-of-pocket drug costs reach **\$1,900**, Humana pays **100%** of your total drug costs.

Tier	Standard Retail Pharmacy	Standard Mail Order
<b>30-day supply</b>		
<b>1 (Generic or Preferred Generic)</b>	<b>\$5</b> copay	<b>\$5</b> copay
<b>2 (Preferred Brand)</b>	<b>\$20</b> copay	<b>\$20</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>50%</b> of the cost	<b>50%</b> of the cost
<b>4 (Specialty Tier)</b>	<b>\$100</b> copay	<b>\$100</b> copay
<b>90-day supply (Maintenance Drugs)</b>		
<b>1 (Generic or Preferred Generic)</b>	<b>\$10</b> copay	<b>\$10</b> copay
<b>2 (Preferred Brand)</b>	<b>\$40</b> copay	<b>\$40</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>50%</b> of the cost	<b>50%</b> of the cost
<b>4 (Specialty Tier)</b>	N/A	N/A

\*\*Some Immunosuppressive Drugs are covered at **100%** for all members.

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary. To view the most complete and current Drug Guide information online, visit [www.humana.com/SearchResources](http://www.humana.com/SearchResources), locate Prescription Drug section, select [www.humana.com/MedicareDrugList](http://www.humana.com/MedicareDrugList) link; under Printable drug lists, click Printable Drug lists, select future plan year, select Group Medicare under Plan Type and search for GRP11.

### ADDITIONAL DRUG COVERAGE

#### Original Medicare excluded drugs

Certain drugs excluded by Original Medicare are covered under this plan. You pay the cost share associated with the tier level for certain WV Buy-up, Cough/Cold, Vitamins/Minerals, Erectile Dysfunction drugs. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage stage. Contact Humana Group Medicare Customer Care at the phone number on the back of your membership card for more details.

### Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$4,660**. After you enter the coverage gap, you pay a portion of the plan's cost for covered brand name drugs and covered generic drugs until your costs total **\$7,400**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

## Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$7,400**, you pay the greater of either:

- **\$4.15** for generic (including brand drugs treated as generic) and a **\$10.35** copay for all other drugs,  
OR
- **5%** coinsurance
  - **One-month Retail: \$100** maximum out-of-pocket per prescription for a one-month supply regardless of tier.
  - **Three-month Mail order: \$100** maximum out-of-pocket per prescription excludes specialty tier.

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Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.  
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

**Auxiliary aids and services, free of charge, are available to you.**  
**1-877-320-1235 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

**Language assistance services, free of charge, are available to you.**  
**1-877-320-1235 (TTY: 711)**



## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY: 711) 1-877-320-1235. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugues:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-320-1235 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



## Find out **more**

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You can see your plan's pharmacy directory at **<https://www.humana.com/finder/pharmacy/>** or call us at the number listed at the beginning of this booklet and we will send you one.



You can see your plan's drug formulary at **[www.humana.com/medicaredruglist](https://www.humana.com/medicaredruglist)** or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a Medicare Advantage HMO, PPO organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

**Humana**<sup>®</sup>

Humana.com

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## Virtual care where you're most comfortable

### Telehealth visits are available through your Humana plan

The doctor is in, even if you can't or don't want to go into an office. Telehealth visits allow you to get nonemergency medical care through your phone,\* tablet or computer.†

Use telehealth for help with chronic condition management, follow-up care after an in-office visit, medication reviews and refills, and much more—just like an in-office visit.

Remember, when you have a life-threatening injury or major trauma, call 911.

#### **Ask your trusted provider if they offer telehealth visits and if so, what you need to do to get started**

If you don't have a primary care provider or if your provider doesn't offer virtual visits, you can use the "Find a doctor" tool on **Humana.com** or call the number on the back of your member ID card to get connected with a provider that offers this service.

\*Depending on the initial consultation, video may be required for telehealth visits.

†Standard data rates may apply.

**Delivering the care you need securely, conveniently  
and on your terms—that's human care.**

**Humana®**

Humana is a Medicare Advantage HMO and PPO organization and a standalone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your Evidence of Coverage for additional details on what your plan may cover or other rules that may apply.

## Important

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### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618. If you need help filing a grievance, call the number on your ID card or if you use a TTY, call 711.

### Auxiliary aids and services, free of charge, are available to you.

#### Please call the number on your ID card. If you use a TTY, call 711.

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

### This information is available for free in other languages.

#### Please call the number on your ID card. If you use a TTY, call 711.

**Español (Spanish):** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación **(TTY: 711)**.

**Chinese (Chinese):** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 **(TTY: 711)**。



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**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card.

**Español (Spanish):** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación.

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼

**Humana**®

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Vaccines protect your  
health—understand your  
vaccines coverage

## Where you get your vaccines may determine how it is covered

Your Group Medicare plan provides coverage for vaccines, but that coverage depends on the specific vaccine and where you get it. Knowing how your coverage works may save you from paying for vaccines out of pocket.

### At your provider's office

The Medicare Part B portion of your plan pays for the following vaccines at your provider's office and at the pharmacy:

- Influenza (flu) vaccine—once per season
- Pneumococcal vaccines
- Hepatitis B vaccines for persons at increased risk of hepatitis
- Vaccines directly related to the treatment of an injury or direct exposure to a disease or condition, such as rabies and tetanus



### At a network pharmacy

The Medicare Part D portion of your plan covers all commercially available vaccines—**except for those covered by Part B**—as long as the vaccine is reasonable and necessary to prevent illness.

### Get vaccines like the ones listed below at a network pharmacy

If you get them at your doctor's office, you'll pay the full cost of the vaccine out of pocket.

Here are some common vaccines that you should get at your pharmacy, not from your doctor.

- **Shingles:** A virus that causes a painful rash in people who have previously had chickenpox.
- **Tdap:** This booster vaccine protects against tetanus, diphtheria and pertussis (whooping cough). (If you need a tetanus shot due to injury, Medicare Part B will cover that from your doctor.)
- **Hepatitis A:** This highly contagious liver infection can range in severity from a mild illness lasting a few weeks to a severe illness lasting several months.



### Important information for your pharmacist

**For MA:** Let your pharmacist know to use **BIN 610649** and **PCN 03200004** when filling your prescription for items covered under Part B.

**For MAPD:** Let your pharmacist know to use **BIN 015581** and **PCN 03200000** when filling your prescription for items covered under Part D.



### Got questions?

Because vaccines are covered differently at the provider's office and the pharmacy, you may want to call first to understand how your insurance covers a specific vaccine. Call the Customer Care number on the back of your Humana member ID card or sign in to **MyHumana.com**.

# 2023 WV PEIA Plan Comparison

Medical Comparison at a glance	Humana/PEIA Plan 1	Humana/PEIA Plan 1 Benefit Assistance	Humana/PEIA Plan 2
Annual medical deductible	\$150	\$50	\$375
Annual maximum out-of-pocket	\$1,350	\$650	\$2,325
Primary care physician (PCP)	\$20 copay	\$2 copay	\$20 copay
Specialist	\$40 copay	\$5 copay	\$50 copay
Inpatient hospital care	\$100 copay per admission	\$100 copay per admission	\$150 copay per admission
Emergency room	\$50 copay	\$50 copay	\$65 copay
Outpatient/Office Surgery	\$100 copay	\$50 copay	\$115 copay
Ambulance	\$0	\$0	\$0
Skilled Nursing Facility	\$0	\$0	\$0

Pharmacy Comparison at a glance	Humana/PEIA Plan 1	Humana/PEIA Plan 1 Benefit Assistance	Humana/PEIA Plan 2
Annual medical deductible	\$75	\$75	\$150
Annual maximum out-of-pocket	\$1,825	\$325	\$1,900
Tier 1 Generic/Preferred generic	\$5	\$5	\$5
Tier 2 Preferred brand	\$15	\$15	\$20
Tier 3 Nonpreferred drug	50%	50%	50%
Tier 4 Specialty	\$100	\$100	\$100



If you have questions, call Humana Group Medicare Customer Care at **800-783-4599 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.



Humana is a Medicare Advantage PPO organization and a stand alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. This information is not a complete description of benefits. Call **800-783-4599 (TTY: 711)**, for more information.

## Important

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- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618. **800-783-4599 (TTY: 711)**.

### Auxiliary aids and services, free of charge, are available to you.

**800-783-4599 (TTY: 711).**

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**This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 9 p.m., Central time.**

**Español (Spanish):** Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 9 p.m. hora del este.

**繁體中文 (Chinese):** 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235 (聽障專線: 711)**。辦公時間：東部時間上午 8 時至晚上 9 時。



## BE ACTIVE YOUR WAY WITH SILVERSNEAKERS

SilverSneakers® is more than a fitness program. It's an opportunity to maintain your health, gain confidence and connect with your community. Plus, it's included with many Medicare Advantage plans and select Medicare Supplement plans at **no additional cost**.

With SilverSneakers, you're free to move in the ways that work for you.

### At home or on the go

- SilverSneakers On-Demand™ fitness classes available 24/7
- SilverSneakers LIVE™ virtual classes and workshops throughout the week
- SilverSneakers GO™ mobile app with adjustable workout plans and more

### In participating fitness locations

- Thousands of participating locations<sup>1</sup> with various amenities
- Ability to enroll at multiple locations at any time
- SilverSneakers classes<sup>2</sup> designed for all levels

### In your community

- Group activities and classes<sup>2</sup> offered outside the gym
- Events including shared meals, holiday celebrations and class socials

**You may already have SilverSneakers.** If your health plan offers it, you just need your member ID to get started. Visit the website below to find out.

[Silversneakers.com/StarthHere](https://silversneakers.com/StarthHere)

Find out if you have SilverSneakers  
and get started today.

### Did you know?

**88%**

of participants say  
SilverSneakers has  
improved their  
quality of life.<sup>3</sup>

**Questions? Call us.**

888-423-4632 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m., ET



SSMVF23